

L 16000032508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Certificates of Status

Special Instructions to Filing Officer:

Office Use Only

WIF-81572



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12/10/15--01025--004 **160.00

12 FEB 19 7:19:55
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

12-10-15

DEC 18 2015
S. GILBERT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Twilight Production Studio LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jonathan Ragnard Cartwright
Name of Person
Twilight Production Studio
Firm/Company
1328 Arlington Street
Address
Orlando, FL 32805
City/State and Zip Code
victory.108@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Janice Parker Taylor at 407, 810-1547
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
13 FEB 16 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 21, 2015

JONATHAN RANARD CARTWRIGHT
1328 ARLINGTON STREET
ORLANDO, FL 32805

SUBJECT: TWILIGHT PARDOUCTIONS STUDIO LLC
Ref. Number: W15000081572

We have received your document for TWILIGHT PARDOUCTIONS STUDIO LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate the individual whose typed signature appears on the registered agent signature line.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 815A00026653

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twilight Production Studio LLC
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED
16 FEB 16 AM 12:55

CLERK OF DISTRICT COURT
HALL COUNTY, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Twilight Production Studio LLC
1328 Arlington Street
Orlando, FL 32805

Mailing Address:

Twilight Production Studio LLC
1328 Arlington Street
Orlando, FL 32805

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Spence Parker Taylor
Name
1328 Arlington Street
Florida street address (P.O. Box **NOT** acceptable)
Orlando, Florida 32805
City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

AMBR

Janice Parker Taylor
1328 Arlington Street
Orlando, FL 32805
Jonathan Edward Cartwright
1328 Arlington Street
Orlando, Florida 32805

(Use attachment if necessary)

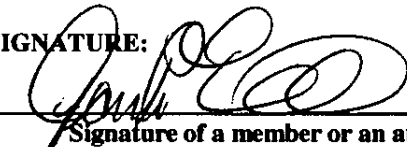
ARTICLE V: Effective date, if other than the date of filing: February 12, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Janice Parker Taylor
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

1/1/16